

This text describes succinctly in words and illustrates beautifully with correlated drawings on facing pages almost every conceivable aspect of the various mechanisms of normal and abnormal labor. In addition, there are chapters on pelvic and fetal skull anatomy, induction of labor, obstetric trauma, postpartum hemorrhage, obstetric radiography, anesthesia, and concluding remarks about newborn asphyxia, injuries and malformations. The large numbers of excellent illustrations far exceed those available in the usual textbook and are superb guides to instruction on the manikin or with a living subject. This very practical book should be available in every delivery suite and should be freely consulted by every student, intern or resident exposed to the mechanistic aspects of obstetric practice. Many teachers already have found it invaluable.

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LYMPHOGRAPHY OF THE CERVICAL LYMPHATIC SYSTEM—U. Fisch, Zurich. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. (19105), 1968. 179 pages, \$15.00.

In the period since 1952, when Kinmonth described a simple method of injection of contrast medium directly into the lymphatic vessels of man, lymphography has gradually gained wide acceptance. Introduction of oily contrast media extended the clinical application of lymphography by permitting the visualization of lymph nodes that had been hidden until then in regions farther away from the site of injection, particularly in the retroperitoneal area.

This book stems from the widening role of lymphography in oncology and the probability that lymphography will become an important factor in the staging of malignant tumors.

The book is extremely well organized. A new technique for the visualization of cervical lymphatic system in man with an oily radiopaque material is described in detail. The technique consists of the cannulation of deep retroauricular lymphatics with polyethylene microtubing under the magnification afforded by an operating binocular microscope. A review of the embryology, anatomy, topography and physiology of the cervical lymphatic system is presented which first of all clarifies the nomenclature of the nodal groups and provides a basis for the interpretation of cervical lymphograms. The nodes are divided into four main groups: junctional, jugular, supraclavicular and spinal. The new term "junctional nodes" was necessary from a topographical and functional point of view. Lymphatic patterns in patients with carcinoma of the head and neck regions are described and correlated with histological findings. Emphasis is placed on the observance of non-specific reaction of the cervical nodes in these patients. Functional and morphological changes in cervical lymph flow following surgery (biopsy and radical neck dissection) and conventional and telecobalt irradiation of cervical areas are discussed in detail.

The strength of this book is its clear detailed documentation of technique, anatomy and interpretation of cervical lymphograms. Although cervical lymphography is still in a developmental stage in contrast to the well-established lymphographic method for the examination of the extremities and the retroperitoneal area, this book represents a comprehensive review of the subject.

This book should be of use to all physicians who wish to review and improve their understanding of the cervical lymphatic system.

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CLINICAL HYPNOTHERAPY—David B. Cheek, M.D., and Leslie M. LeCron, B.A. Grune & Stratton, Inc., 381 Park Avenue South, New York City (10016), 1968. 245 pages, \$7.50.

Since Mesmer in the late 18th century at the time of the French Revolution, mankind has alternately conceived of hypnosis as panacea or treacherous tool of the Devil. These ideas have not only been embraced by the public but by professionals as well. Recently psychiatry has taken a more dispassionate view of hypnosis, aware of its uses and difficulties, but also coolly viewing it as an object for investigation. However, opinion regarding hypnosis remains split into various camps. Most physicians, including many psychiatrists, have little knowledge and still less experience with hypnosis. Like politics, it therefore becomes a fertile field for opinions, speculations and accusations.

To disjoin opinion on hypnosis into a trichotomy one must generalize and risk accuracy for understandability. Nonetheless I will pursue this course in the name of Aristotelian clarity. There is an optimistic liberal camp which feels the dangers of hypnosis are exaggerated and that it is a useful therapeutic tool in surgery, medicine and psychiatry. A cautious group believes the dangers of hypnosis need to be emphasized and that very careful consideration be given to choosing hypnotic subjects. Then there is a skeptical group which knows little about hypnosis but in general fears its applications are limited.

The authors of *Clinical Hypnototherapy* belong to the liberal group. Optimism rings like a clarion throughout. David Cheek, M.D., an obstetrician and gynecologist, and Leslie LeCron, B.A., both have extensive experience in the use and teaching of clinical hypnosis. They extol hypnosis as a useful clinical technique in a wide variety of spheres. Their book is an easily understood, well-written course in hypnotic technique and its application. They discuss the use of hypnotic treatment in psychosomatic illness, frigidity, obstetrics, pain, surgery, insomnia, obesity, psychiatry, pediatrics and dentistry. The text is replete with examples of what to say to patients and why. It provides a most interesting, enjoyable and useful exploration for any clinician into the world of hypnotic phenomena.

The authors are psychologically oriented and believe in a dynamic-genetic approach to illness. They feel the "dangers of hypnosis are minimal and can be avoided." Moreover they feel that insight into unconscious determinants of an illness often leads to recovery. They emphasize hypnosis as particularly useful since it can rapidly cut through resistances to the unconscious and therefore achieve insight more quickly.

I believe the authors somewhat overestimate the role of insight in the resolution of illness. Insight is important but a major factor is time. It is with the fabric of time that the patient can achieve a genuine restructuring and re-integration of the ego. It is to be remembered that almost all symptoms of psychiatric origin are evanescent and wax and wane with time. Thus, a true cure rate can only be measured on the basis of an asymptomatic state occurring over a relatively long span of time. Nonetheless, if the optimism and skillful therapeutic technique taught in clinical hypnosis is captured by a clinician, the patient's hope and surge toward growth and recovery may more easily be reached.

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